

N. B.—Every item of information should be carefully supplied. AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in plain terms, so that it may be properly classified. Exact statement of OCCUPATION is very important.

DEPARTMENT OF COMMERCE  
BUREAU OF THE CENSUS

MISSOURI STATE BOARD OF HEALTH  
STANDARD CERTIFICATE OF DEATH

State File No. 9146

Registration District No. 791

Primary Registration District No. 1003

Registrar's No. 2629

1. PLACE OF DEATH:

- (a) County St. Louis  
(b) City or town St. Louis  
(If outside city or town limits, write "RURAL" and name of township)  
(c) Name of hospital or institution: DePaul Hospital  
(If not in hospital or institution, write street number or location) /  
(d) Length of stay: In hospital or institution \_\_\_\_\_  
(Specify whether \_\_\_\_\_)

In this community \_\_\_\_\_  
years, months or days

3. (a) PRINT FULL NAME Maud Amy Rawlinson

3. (b) If veteran, name war \_\_\_\_\_ 3. (c) Social Security No. \_\_\_\_\_

4. Sex Female 5. Color or race White 6. (a) Single, widowed, married, divorced Married  
6. (b) Name of husband or wife Arthur Rawlinson 6. (c) Age of husband or wife if alive 57 years  
7. Birth date of deceased Aug. 9 1879  
(Month) (Day) (Year)

8. AGE: Years 60 Months 7 Days 10 If less than one day \_\_\_\_\_ hr. \_\_\_\_\_ min.

9. Birthplace Manchester England  
(City, town, or county) (State or foreign country)

10. Usual occupation Housewife

11. Industry or business \_\_\_\_\_

MOTHER FATHER { 12. Name William Farger England  
13. Birthplace (City, town, or county) (State or foreign country)  
14. Maiden name Unknown  
15. Birthplace (City, town, or county) (State or foreign country)

16. (a) Informant's own signature Arthur Rawlinson  
(b) Address 4774 Ledue

17. (a) Burial (b) Date thereof 3-22-40  
(Burial, cremation, or removal) (Month) (Day) (Year)

(c) Place: burial or cremation Hiram Cem.

18. (a) Signature of funeral director Drehmann-Harrah  
(b) Address 1905 Union Blvd.

19. (a) MAR 20 1940 (b) J. F. Biedeck  
(Date received local registrar) (Signature)

2. USUAL RESIDENCE OF DECEASED:

- (a) State Mo. (b) County 6  
(c) City or town St. Louis  
(If outside city or town limits, write "RURAL")  
(d) Street No. 4774 Ledue  
(If rural, give location)  
(e) If foreign born, how long in U. S. A. \_\_\_\_\_ years

MEDICAL CERTIFICATION

20. DATE OF DEATH: Month Mar. day 19  
year 1940 hour 8 minute \_\_\_\_\_ P. M.

21. I hereby certify that I attended the deceased from 3-8-40, 1940, to 3-19-40, 1940;  
that I last saw her alive on 3-19-40, 1940;  
and that death occurred on the date and hour stated above.

Immediate cause of death \_\_\_\_\_ Duration \_\_\_\_\_

Pulmonary thrombosis  
Due to thrombosed venous sinus of both legs, large clot

Due to breathing loss and lodging in both pulmonary arteries

Other conditions (Include pregnancy within 9 months of death) \_\_\_\_\_

Major findings: Of operations \_\_\_\_\_

Of autopsy Large thrombus in both pulmonary arteries

PHYSICIAN

Underline the cause to which death should be charged statistically

22. If death was due to external causes, fill in the following:

- (a) Accident, suicide, or homicide (specify) \_\_\_\_\_  
(b) Date of occurrence \_\_\_\_\_  
(c) Where did injury occur? \_\_\_\_\_  
(City or town) (County) (State)  
(d) Did injury occur in or about home, on farm, in industrial place, in public place? \_\_\_\_\_

While at work? \_\_\_\_\_ (Specify type of place) (e) Means of injury \_\_\_\_\_

23. Signature Albert A. Hink (M. D., coroner)  
Address 538 E. W. Union Blvd Date signed 3-20-40

536-14

[illegible]

..... Registered Apprentice No. ....

working under my personal supervision.

Warren G. Carve

Licensed Embalmer No. 5434

P. O. Address.....

**Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license.)**

**If this body is not embalmed, above space should be left blank.**